

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/544004

FILING DATE

APPLICANT(S)

10-12-04

CLAIMS

* REFID	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
1	/			
2	/			
3	/			
4	/			
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49				
50				
TOTAL IND.	5	0	0	0
TOTAL DER.	23	0	0	0
TOTAL CLAIMS	23	0	0	0

* REFID	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
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95				
96				
97				
98				
99				
100				
TOTAL IND.		0	0	0
TOTAL DER.		0	0	0
TOTAL CLAIMS		0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS